

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on p. 2

Health Department, City of Baltimore.

Permit No. **98538**

Office of Registrar of Vital Statistics

Ward **6th**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John & Eliza Somerville (Parents)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 4 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } No 1 Caroline St Court

Cause of Death, { First (Primary), Second (Immediate), } Mal-Nutrition ✓
Inanition

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 11th 1887

{ Undertaker, C. S. Butler } James A. Stearns M. D.

{ Place of Business, 132 N Caroline St Address, Corn Mt & N }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M. McKeown Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,
Office of Registrar of Vital Statistics. Ward 18

Permit No. 98534

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female,

Cross out the word not required in this line.

Age,

2 Years,

Color,

White

1 Months,

15 Days,

Married, Single, Widow or Widower,

Cross out the word not required in this line.

Occupation,

Birthplace,

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death,

Give street and Number.

Baltimore city
1026 E. Howard St
Pneumonia

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

7 days

Harvey H. H. M. D.,
807 Arlington Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 98535 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th

Full Name of Deceased, Catherine Dressell { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 years

Place of Death, 225 Grindall St { Give Street and Number. }

Cause of Death, Pneumonia { First (Primary), Second (Immediate), }

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Mar 13

Undertaker, B. H. Hark } J. C. Burch M. D. Medical Attendant.

Place of Business, 115 North St Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98537 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael H. Woods

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 43 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Bank Runner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 412 S. Central Avenue

Cause of Death, { First (Primary), Second (Immediate), } Laryngeal Phthisis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, March 13, 1887

{ Undertaker, Henry M. Ginn } John Moons M. D. Medical Attendant.

{ Place of Business, 806 Central Ave. } 806 H St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

No. 48538

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 11th 187

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Mc Kenner

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

1929 Ramsey St

Cause of Death, { First (Primary), Second (Immediate), }

Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, S. T. Peters cemetery

Date of Burial, Mar 12 / 87

{ Undertaker, J. B. Cook }

Amos A. Stenard M. D.

{ Place of Business, }

Address, Camp 6402

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward S. G.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98539*

Office of Registrar of Vital Statistics.

Ward *7th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 10th 89*

Full Name of Deceased, *Annie Slauter*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female*
{ Cross out the word not required in this line. }

Age, *81* Years, _____ Months, _____ Days

Color, *Colored*

Married, Single, Widow or ~~Widower~~, *Widow*
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, *Eastern Shore Md*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Don't Know*

Place of Death, *Inst. Little Sisters Poor*
{ Give Street and Number. }

Cause of Death, *Heart Disease*
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, *Suddenly*

All the above information should be furnished by the Physician.

Place of Burial, *Laurel Cemetery*

Date of Burial, *12th March*

Undertaker, *W. Blockamp*

Place of Business, _____

Dr. Brooke Boyle M. D.

Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98040 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mordecai Matthias Chase

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 27 Years, _____ Months, _____ Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Master

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give street and Number. } 774 Chestnut alley

Cause of Death, { First, (Primary,) Consumption
Second, (Immediate,) Don't know

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Cemetery

Date of Burial, March 13. 1887

Undertaker, Alex Hunsley

Place of Business, 56 Orchard St Address, 924 McCall St

I saw this man only once
saw him cough, age
Caleb Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98541 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Dixon
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 1 Years, 1 Months, 22 Days.
Color, Colored
Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City
Duration of Residence in the City of Baltimore, _____
Place of Death, { Give Street and Number. } Hall Street # 204
Cause of Death, { First (Primary), Pneumonia found dead
Second (Immediate), in bed with his parents early in the morning }
Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery
Date of Burial, March 12, 1887
{ Undertaker, Hercules Bass } L. C. Spanow M. D.
Place of Business, 404 Corn Way Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98672

Office of Registrar of Vital Statistics.

Ward

12⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Fonedaw Sellman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 79 Years, 1 Months, 7 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 1324 McCulloch St

Cause of Death, { First (Primary), Old age
Second (Immediate), do

Duration of Last Sickness, Died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mar 14th 1887

{ Undertaker, Wm Weaver } Dr Carey Thomas M. D.

Medical Attendant.

{ Place of Business, 302 N. Emden } Address, 1228 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]